

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHDR. MADDOX, & PARK  
State File No. 13837

FILED MAY 4 1953

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 413	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 9 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		d. STREET ADDRESS (If rural, give location) 1027 EAST WALNUT ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) NETTIE		b. (Middle)		c. (Last) BOWLER		4. DATE OF DEATH (Month) (Day) (Year) APRIL, 23, 1953	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 8, 1875	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		11. BIRTHPLACE (State or foreign country) Polk Co., Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Polk Co., Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES McKENNA		13b. MOTHER'S MAIDEN NAME EMMA CAMPBELL		14. NAME OF HUSBAND OR WIFE ***			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY BOWLER 1027 W. WALNUT			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days 3 years 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-34, 1952 to 4-23, 1953, that I last saw the deceased alive on 4-23, 1953, and that death occurred at 4:50 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William J. Paul, M.D.				23b. ADDRESS 609 Cherry, Springfield, Mo.		23c. DATE SIGNED 4/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/25/53		24c. NAME OF CEMETERY OR CREMATORY ST MARY'S		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
DATE REC'D BY LOCAL REG. 4-27-53		REGISTRAR'S SIGNATURE Edith Williamson Registrar		FUNERAL DIRECTOR'S SIGNATURE HERMAN LOHMEYER		ADDRESS SPRINGFIELD, MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Levin J. Leavelle*

Licensed Embalmer No. *4815*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.